



NOMINATION FORM

COMPLETE THIS "FILL & PRINT" FORM. SUBMIT IT WITH A ONE-PAGE ESSAY ON OR BEFORE FRIDAY, MARCH 24, 2006. NOMINATIONS MUST BE MAILED OR FAXED—NO EMAILS ACCEPTED

AWARD CATEGORY: _____

NAME OF NOMINEE: _____
(Please select a Proper Name for team or group, list each name on separate sheet)

DEPT: AGENCY: _____

ADDRESS: _____

NOMINATED BY: _____

JOB TITLE: _____

NOMINATOR SIGNATURE: _____

AGENCY POC: _____
(Designated Point of Contact for all Awards Program Matters)

POC CONTACT DATA: (EMAIL) _____

(PHONE) _____ (FAX) _____

AGENCY HEAD: _____

AGENCY HEAD SIGNATURE OF APPROVAL: _____

PRIVACY ACT NOTICE

The narrative and photograph are not required by law and participation is voluntary. Information will be used solely for award consideration and publicity. Local media may be provided information regarding special achievements or acts. If nomination information is "legally sensitive", please notify FEB office prior to nomination deadline.

TO THE NOMINATOR: PLEASE NOTE ANY FACTS THAT MAY NOT BE PUBLISHED.

- ☐ I have read and agree to the publication of information provided in this nomination.
- ☐ Information contained in this nomination may NOT be published or shared with media.

TYPE or PRINT NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____